

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS641HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESERT SPRINGS HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 20127 This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 7/14/09 and finalized on 10/28/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00021034 was unsubstantiated. Complaint #NV00022217 was unsubstantiated. Complaint #NV00021605 was substantiated with no deficiencies cited. Complaint #NV00022445 was substantiated with a deficiency cited. (See Tag S 134)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 134 SS=D	<p>NAC 449.329 Admission of Patients</p> <p>2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient.</p>	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 134	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 14519 Based on record review and interview it was determined that the facility failed to ensure the Public Guardian was contacted to give consent for surgery that was performed on 6/13/09 for 1 of 4 patients. (Patient #1)  Severity: 2 Scope: 1	S 134			

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